



RIDGEFIELD POLICE DEPARTMENT VULNERABLE POPULATION REGISTRATION FORM

Voluntary registry for persons at risk of wandering and/or may have difficulty communicating with first responders (Alzheimer's, Dementia, ASD, Disabilities, etc.). This form will remain on-file with the Ridgefield Police Dept. and information provided is confidential. You are not obligated to disclose medical information, however detailed information is extremely helpful when it comes to keeping all members of our community safe.

TODAY'S DATE: _____

CURRENT PHOTO

VULNERABLE PERSON

First and Last Name (please print if not using fillable form):		Other Names They May Answer To:	Date of Birth:
Current Address:		Phone:	
Height:	Weight:	Eye Color:	Hair Color:
List Physical Disabilities or Special Needs:		List Visible Marks or Scars:	

PRIMARY CARETAKER / FAMILY CONTACTS:

1. Name:	2. Name:
Address:	Address:
Phone:	Phone:

LIST ADDITIONAL INFORMATION THAT COULD BE HELPFUL TO FIRST RESPONDERS SUCH AS PLACES OF INTEREST TO THIS PERSON (PARKS, PLAYGROUNDS, STORES) AND TOPICS OF INTERESTS THAT COULD COMFORT THEM IN CRISIS.

MEDICATIONS:

INFORMATION PROVIDED BY:

First and Last Name:	Relationship to Person At-Risk:	Phone:
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